

## CLAIMS ONLY

Application Number

10/572565

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3	1					
4		1				
5						
6						
7						
8						
9						
10	1					
11	1					
12		1				
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45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	21					
Total Claims	25					

*	Indep	Depend	*	Indep	Depend	*
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100						
Total Indep						
Total Depend						
Total Claims						